l de la composition de la composition La composition de la								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD												••••••	
Effective October 1, 2003								10 050 515					
CLAIMS AS FILED - PART I							S	SMALL ENTITY			OTHE	R THAN	
			(Colum	n 1)	(Column 2)		ז ר	YPE [OF		ENTITY	
TO	OTAL CLÁIMS	\$····						RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		E	BASIC FE	385.00	OF	BASIC FE	770.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		•			X\$ 9=		OF	XS18=		
INE	DEPENDENT C	CLAIMS	minus 3 =		*			X43=		OR	X86=		
ML	JLTIPLE DEPE	NDENT CLAIM F	PRESENT	<u>.</u>	····			+145=		OR	+290=		
* If	the difference	e in column 1 is	ess than zero, enter "0" in column 2				<u>_</u>	TOTAL		OR			
CLAIMS AS AMENDED - PART II											OTHER	THAN	
5-	26706		(Column 2) (Column 3)				SMALL	ENTITY	OR	SMALL	ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 40	Minus	- 57	1	= 3		X\$ 9 <u>=</u> .		OR	_X\$18=		
	Independent	. 3	Minus'	3		= , -		X43=		OR	X86=	* 17 -1	
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDENT	CLAIM				. ,	UH.	:		
							L	145=		OR	+290=		
٠	٠							TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)	,	(Colum		(Column 3)							
AMENDMENT B	· · · · · · · · · · · · · · · · · ·	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY.	PRESENT EXTRA	F		ADDI- TIONAL FEE	: -	RATE	ADDI- TIONAL FEE	
	Total ·	*	Minus -	**,		= .	>	(\$.9 =.		OR	X\$18=		
	Independent	*	Minus	***		=	7	(43=	•	OR	X86=		
٩	FIRST PRESE	NTATION OF MI	ILTIPLE DEF	ENDENT	CLAIM		 -		• • • • • • • • • • • • • • • • • • • •				
en e							145=.		OR	+290=			
								TOTAL IT FEE		OR ,	TOTAL ODIT. FEEL		
	(Column 1): (Column 2) (Column 3)									:			
AMENDMENT C	10 10 10 10	CLAIMS REMAINING AFTER A' ENDMENT		HIGHE NUMB PREVIOU PAID F	er Jsly	PRESENT EXTRA	R		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	44		= ,	×	\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	X	43=		t	X86=		
<u> </u>	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT (CLAIM,				*******	OR		*******	
_								45=		OR	+290=		
•• t	 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." 									OR A	TOTAL DOTT. FEE		
7	if the "Highest Nu The "Highest Num	mber Previously Pai tber Previously Paid	id For IN THI: I For (Total or	5 SPACE is I Independen	less than it) is the	n 3, enter "3.". highest number		T. FEE the appro	priate box		•		

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